

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

AJ FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP						
1					51					
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47					97					
48					98					
49					99					
50					100					
TOTAL IND					TOTAL IND					
TOTAL DEP					TOTAL DEP					